

# 2017 Retreat Reservation Form

Retreat Title: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Religious Cong/  
Assoc. Initials

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
M/F

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Preferred Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Emergency Contact Name (1)

\_\_\_\_\_  
Contact Telephone Number

\_\_\_\_\_  
Emergency Contact Name (2)

\_\_\_\_\_  
Contact Telephone Number

Do you **NEED** a room on the first floor?

Yes  No

If **NECESSARY**, can you have a room above  
the second floor?

Yes  No

*The historic structure of Saint Mary by-the-Sea does  
not provide a safe environment for persons with limited  
mobility. We regret that we are not able, for safety reasons,  
to accommodate persons who use walkers, mobility  
scooters, or wheelchairs.*

*We have almost 50 third-floor rooms and cannot accept all  
reservations without using them.*

**Health Requirements/Room Preference:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check if gluten-free

## Director Preference for Directed Retreats

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

If we cannot honor your preferences, may we assign  
someone else?  Yes  No

Do you prefer  woman  man  either?

Please check if this is your first directed retreat

Please check if this is your first overnight  
retreat at Saint Mary by-the-Sea

## OFFICE USE ONLY, DO NOT WRITE IN THIS BOX

Date \_\_\_\_\_ Check # \_\_\_\_\_

Deposit \_\_\_\_\_ Balance \_\_\_\_\_

**Include \$50 NON-REFUNDABLE DEPOSIT (no more than \$50, please).**

**Include a SELF-ADDRESSED STAMPED ENVELOPE.**

**If several confirmations are to be mailed together, put all names on the envelope.**

**Saint Mary by-the-Sea • PO Box 382 • 101 Lehigh Avenue • Cape May Point, NJ 08212-0382**